

FEC
FORM 1

STATEMENT OF
ORGANIZATION

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

Arkansas Rice Producers' Group, Inc. Political Action Committee - "Arkansas Rice PAC"

ADDRESS (number and street)

P.O. Box 23915

☐

(Check if address
is changed)

Little Rock

AR

72221

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐

(Check if address
is changed)

chad@noblestrat.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

2. DATE 09 24 2012

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Jennifer James

Signature of Treasurer

Jennifer James

Date 09 24 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.









ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2009)

12030891965

1.  FEC ID number 
2.  FEC ID number 
3.  FEC ID number 
4.  FEC ID number 

Write or Type Committee Name

Arkansas Rice Producers' Group, Inc. Political Action Committee - "Arkansas Rice PAC"

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Arkansas Rice Producers' Group, Inc.

Mailing Address

P.O. Box 23915

Little Rock

CITY

AR

STATE

72221

ZIP CODE

Relationship: ☒ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Ben Noble

Mailing Address

P.O. Box 23915

Little Rock

CITY

AR

STATE

72221

ZIP CODE

Title or Position

Telephone number 501 - 375 - 1100

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Jennifer James

Mailing Address

P.O. Box 23915

Little Rock

CITY

AR

STATE

72221

ZIP CODE

Title or Position

Treasurer

Telephone number 501 - 375 - 1100

12030891967

Full Name of
Designated
Agent

Chad Causey

Mailing Address

1020 West 3rd Street

Little Rock

CITY

AR

STATE

72201

ZIP CODE

Title or Position

Assistant Treasurer

Telephone number

501

- 375

- 1100

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Centennial Bank

Mailing Address

2171 West Main Street

Cabot

CITY

AR

STATE

72023

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

12030891958

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
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Date of Receipt

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Received from Senate Public Records Office

Date of Receipt

☐

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Date of Receipt

☐

Other (Specify):

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PREPARER

10/2/12

DATE PREPARED

(3/2005)

12030891969